

UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT		Form A For Use by Members, Officers, and Employees	LEGISLA	LEGISLATIVE RESOURCE CENTER 2019 MAY 15 PM 3: 55
Paul A. Gosar D.D.S.	_ Daytime Telephone:	202-225-2315	OFF OFF HS HOUSE A \$200 penalty she Individual who file	Office Use Only) OFFICE OF THE CLERK OFFICE OF ACTION ATTVES A \$200 penalty shall be assessed against a individual who files more than 30 days late.
FILER Member of the U.S. State: AZ STATUS House of Representatives District: 04		Officer or Employing Office:		Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT X 2018 Annual (Due: May 15, 2019)	Amendment	Termination Date of Termination:	nination:	
PRELIMINARY INFORMATION - ANSWER FACH OF THESE QUESTIONS	ESE QUESTIONS			
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	Yes X No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	irrangement with an he current calendar	Yes No X
ndent child purchase, sell, or real estate in a transaction period?	**	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	ild receive any ue from a single	No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	*	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	lid receive any staling more than eporting period?	Yes No
D. Did you, your spouse, or your dependent child have any reportable Nability (more than \$10,000) at any point during the reporting period?	** X X X X X X X X X	 Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? 	nation to charity in article during the	No X
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No No	E CO	SCHEDULE IF	RRESPONDING SCHEDULE IF YOU ANSWER "YES
IPO AND EXCLUSION OF SPOUSE, DEPENDENT	DEPENDENT, OR TRUST INFORMATION -	RMATION - ANSWER EACH OF THESE	F THESE QU	QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered 'yes' to this question, please contact the Committee on Ethics for further guidance.	Public Offering during the rep	onting period? If you answered "yes" to this q	uestion, please	Y•• ☐ № X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Ittee on Ethics and certain oth indent child?	ver "excepted trusts" need not be disclosed. H	ave you excluded	Ves ☐ No 🔀
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or all three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	red" income, transactions, or sulted with the Committee on	liabilities of a spouse or your dependent child because they meet Ethics.	because they meet	Y ■ No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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			Ž.	Offic		Examples	П	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an esset or income acurce is that of your spouse (SP) or dependent child (DC), or jointly held with sayone (JT), in the optional column on the far left.	If you report a privately-tracted fund that is an Excepted investment Fund, please check the "Elf" box.	Exclude: Your personal residence, including second formes and vacation formes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash ecocurits, total the amount in all interest-bearing accounts. If the total is over \$5,000, its every financial institution where there is more then \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	E 3	Provide complete names of stocks and mutual funds.	that generated more than \$200 in "unearned" income during the year,	production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable easet or source of income	identify (a) each asset held for investment or		<u> </u>
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Name: Paul A. Gosar D.D.S.

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SCHEDULE B - TRANSACTIONS

Name: Paul A. Gosar D.D.S. Page 4 l 약 9

Report an reporting dependent
Report any purchase, sele, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income, include transactions that
sale, or ex y security o
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List the source, type, and amount of earned knome from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.	SCHEDULE C - EARNED INCOME Name
ent by the U.S. government) totaling \$200 or more during the	Name: Paul A. Gosar D.D.S.
e reporting period. For a spouse, list	Page 5 of 9

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	d at or above the "senior staff rate was relationship) are totally prohibited.	\$28,050. The 2019 limit is \$28,440.
Source (include date of receipt for honoraria)	Туре	Amount
X'eene State	Approved Teaching Fee	\$6,000
Examples: State of Manyland State of Manyland State of Manyland (Cd. 2) County Road of Education	Spouse Speech Spouse Salary	\$1,000 N/A
		,

SCHEDULE D - LIABILITIES

Name: Paul A. Gosar D.D.S

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period, you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and ilabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held safely by your spouse or dependent child.

\$10,000.	Column v is for laborates freig scient by your spouse or dependent client.	n abouse of deb	ACOTA CIRC.				-				Amount of Liab	Amount of Liability	Amount of Liability	Amount of Liability
SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	,001- ,000 >	.001-	,000	,001-	,001-	0,001- 0,000 S	0,001- 0,000 S	0,001- 0,000 P 0,001- 0,000 P 0,001-	0,001- 0,000 © 0,001- 0,000 m 0,001- 0,000- 000,001-	0,001- 0,000	0,001- 0,000 P 0,001- 0,000 P 0,001- 0,000- 0,001- 000,000 P 0,000,000 P 0,000,000 P
	Exemple First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE	\$10,00 \$15,00	\$4E 0/	\$15,00 \$50,00	\$50,00 \$50,00 \$100,0	\$50,00 \$100,0	\$50,00 \$100,0 × \$100,0	\$50,00 \$100,0 \$100,0 \$250,0 \$250,0 \$500,0	\$50,00 \$100,0 \$100,0 \$250,0 \$500,0 \$1,000	\$50,00 \$100,0 \$100,0 \$250,0 \$250,0 \$500,0 \$1,000 \$5,000	\$50,00 \$100,0 \$100,0 \$250,0 \$250,0 \$500,0 \$1,000 \$5,000 \$5,000 \$25,000	\$50,00 \$100,0 \$100,0 \$250,0 \$250,0 \$500,0 \$1,000 \$5,000 \$5,000 \$25,00 \$25,00
L	Compass Bank, Flagstaff, AZ	11/03	Mortgage on Residence						×	×	×	X	×	 X
듸	Wells Fargo Bank	06/95	Mortgage on Office Bld (E ceadar)				×	×	×	×	X	×	×	×
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization

SCHEDULE F - AGREEMENTS

Name: Paul A. Gosar D.D.S 9

Terms of Agreement	ate Parties to Agreement	Date
have with respect to: future employment; a leave of absence during the period of government service; jovernment; or continuing participation in an employee welfare or benefit plan maintained by a former	identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	identify th continuation of the continuation o

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and relimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

the filer.						
	\$ource	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 8-11	DC-Baijng, Othra-DC	۲	۲	N
Examples	Habital for Humanity (charity functuleer)	May, 3-4	DC-Booker-DC	Υ	Υ	۲
The He	The Heritage Foundation	02/08/18-02/09/18	DC - Philadelphia, PA - DC	Υ	Υ	Z
Middle	Middle East Forum	07/13/18-07/16/18	DC - London, England - DC	Υ	Υ	Z
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SCHEDULE I -- PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. Examples: Association of American Associations, Washington, DC XYZ Magazine Source Name: Paul A. Gosar D.D.S. Activity Speech Article Feb, 2, 2018 Aug. 13, 2018 Date Page 9 Amount ેલું 9 \$2,000 \$500